

AMENDMENT FORM

ADD TO or REMOVE FROM a GROUP

Mail to: UWAS, PO BOX 30389, Salt Lake City, UT 84130-0389 or Overnight Mail to 185 N Maine St., Fallon, NV 89406

CHECK CURRENT PROCLAMATION FOR AMENDMENT DEADLINE FOR THE DRAW APPLICATION YOU ARE AMENDING.

There is a \$25.00 processing fee for each amendment. Please provide credit card information at the bottom of this form. *No Checks will be accepted for payment*. Amendments to applications that cause rejection may not be processed by the division. If you have questions regarding this amendment form, please call (800) 221-0659.

Customer ID # or SSN	sting amen	ne				First Na	ame		M.I.	Date of	Birth	
Day Phone Number	Mailing a	ddress								<u> </u>		
)												
ep #2) Which draw	is this ame	ndment f	or.	Rio	Game	ı						
General Deer; \Box L							mited	Entry Pror	ghorn	· 🗆 y	outh	Flk
	Zillited Lill	uy Deer,	— <u>L</u> ı		lerless	K, — L1	mica	Lifty 1101	gnom	, — 1	outii .	LIK
		□De	er;	□ El		□ Pro	nghor	n				
ep #3) This amendm	nent is for:	(please c	heck o	ne of th	ne follow	ving)						
☐ Addition of a Grou	ıp member	* (go to S	Step #4	(1)	OR 🗆	Remov	al of	a Group me	ember [;]	** (go	to Ste	p #5
f your amendment is to a	-		•	_				-				-
- J					date. No						upp-	
Removal of a member f									_	The ind	lividua	al wil
h	ave a valid a	application	n with th	ne hunt c	choices or	riginally	submi	tted for the g	roup.			
<i>tep #4</i>) Addition of a	Group Me	ember – I	Provide	the follo	owing in	formatio	n for .	ALL group	membe	r(s) to	be AD	DEI
adding more than two indivi			se provide	the same			itional g	group members				
Customer ID # or SSN	Last Nam	<u>ie</u>			First	Name			M.I.	Date	of Birt	h
1.												
2.												
2. otal number of appli	cants in g	roup afte	er addi	tion of	membe	er(s):						
otal number of appli		_										
otal number of appli tep #5) Removal of a	Group Mo	- ember - F	Provide	the follo	owing in	formatio	n for A	ALL group 1				
otal number of appli tep #5) Removal of a removing more than two ind	Group Mo	ember - F your group,	Provide	the follo	owing int	formatio	n for A	ALL group 1	mbers or	the bac	k of thi	s form
tep #5) Removal of a removing more than two ind Customer ID # or SSN	Group Mo	ember - F your group,	Provide	the follo	owing int	formatio	n for A	ALL group 1		the bac		s form
tep #5) Removal of a removing more than two ind Customer ID # or SSN	Group Mo	ember - F your group,	Provide	the follo	owing int	formatio	n for A	ALL group 1	mbers or	the bac	k of thi	s form
tep #5) Removal of a removing more than two ind Customer ID # or SSN	Group Mo	ember - F your group,	Provide	the follo	owing int	formatio	n for A	ALL group 1	mbers or	the bac	k of thi	s form
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